

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

741

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

375

1. PLACE OF DEATH: 7911  
(a) County St. Louis Mo.  
(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME John L. Reece  
(b) If veteran, name war  
(c) Social Security No.

4. Sex Male ☒ 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
(b) Name of husband or wife  
(c) Age of husband or wife if alive years  
7. Birth date of deceased 10 1st 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 3 11 hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER { 12. Name John Reece  
13. Birthplace Ind. (City, town, or county) (State or foreign country)  
14. Maiden name Susan Rippeloe  
15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susan Reece  
(b) Address 8242 Florissant Rd.  
17. (a) Burial (b) Date thereof 1-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director Drehmann Harral  
(b) Address 1905 N. Union Blvd.  
19. (a) JAN 13 1942 (b) J. F. Burick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County  
(c) City or town St. Louis NR 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8242 Florissant Rd. 9  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th  
year 1942 hour 11 minutes 40 A.M.

21. I hereby certify that I attended the deceased from  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
23. Signature Thomas F. Callahan 3  
Address Deputy Coroner Date signed 1/13/42

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Warren A. Carver*

Licensed Embalmer No.....

*3534*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**